

**Heroin and Opioid Emergency Task Force  
DC Suburbs Regional Summit**

Thursday, July 2, 2015, 9:00am-1:00pm

Montgomery College - Cultural Arts Center, Silver Spring, Maryland

**Task Force Members in Attendance**

Lt. Governor Boyd Rutherford

Dr. Michael Finegan

Linda Williams

Nancy Dudley

Judge Julie Solt

Senator Katherine Klausmeier

Tracy Myers-Preston

**Introduction by Lt. Governor Boyd Rutherford**

The Task Force appreciates the fact that there are people in attendance here today. We will now welcome Montgomery County Executive Isiah Leggett to make opening remarks.

**Welcoming Remarks by Montgomery County Executive Isiah Leggett**

I am here with a mixed reaction. I would prefer the Lt. Governor was here cutting a ribbon but we are here for another reason. First off, I hope that the Governor has a speedy recovery. Currently, I serve as the president of MACo and there is a challenge presented all over the state from deaths and near deaths caused by heroin overdoses. We take this problem very seriously in Montgomery County. We have an enormous amount of challenges despite good relationships with law enforcement. You will hear from some of the law enforcement officers today. We have an excellent court system and our health and human services are working hard. I say these things because we are doing a great deal to combat the issues but we haven't found an answer to reduce this problem. The largest growing demographic that uses heroin are between the ages of 20-29. Heroin has become cheaper at an alarming rate and we have become lax. I am urging steps to be taken and efforts be doubled to stop it. The Task Force has recognized one solution will not fit the entire state of Maryland and there are different communities. Yet we all face a common challenge. We welcome you to Montgomery County today.

**Lt. Governor Rutherford**

Thank you County Executive for your input. You are right that we have a major problem and there are nuances in different parts of the state. What we have learned is that 70% to 80% of heroin users are coming off prescriptions drugs. The heroin problem is growing but we might not be able to see it because of the prescription drugs. We cannot just focus on overdose prevention without recognizing the new users, treatment support, and recovery efforts. Law enforcement can play a vital role by preventing heroin from coming in the state and stopping traffickers. We have said before there is no silver bullet one size fits all model to fix this problem. One treatment that might work for one person will not work for another.

## **Health Officers**

### **Pamela Creekmur Prince George's Health Officer**

In PG County, we are seeing an increase that is consistent with what's going on in the State. One significant issue is that a large number of heroin related deaths come from non-residents.

- Overdose prevention plan
  - Brings together all community stakeholders.
  - The work group we have assembled is very collaborative with representatives from health, law enforcement, community members, parents, and treatment facilities. The deaths in the community are a concern.
- Overdose response program
  - Run by the PG County Health Department and can be taken by any citizen
  - Those who take the course are trained at the police department. In the last year, 200 people have been trained. There is a success story of a person using treatment on a family member.
- Fatality review teams
  - Created for more pressing issues
  - Members include representatives from schools, the health department and problem courts.
  - The county has two or three methadone maintenance programs and is collaborating with a fourth.
- Give Drugs a Bad Rap Campaign
  - Allowed teens to enter a video contest to promote the dangers of using drugs. Social media programs help reach out to new users in school who are becoming younger and younger. In PG County, most non-residents who have died used opioids first. It is a huge regional problem and we are appreciative of the efforts being made.

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**Lt. Governor:** When you said a number of the deaths are non-residents are you finding they are coming to the county to purchase or just coming to use?

**Pamela Creekmur:** We don't know for sure but it could be all of the above. They could be coming to use or purchase. There are pockets where people come to use drugs in certain areas.

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**Dr. Finegan:** In terms of collecting data from physicians do you have any data?

**Pamela Creekmur:** We don't but having any good data is important. We were trying to find deaths recorded from emergency rooms but there are five in the county. We will work on an agreement with all hospitals to collect data. We have good relationships with the AMS Department and the numbers were low. People are switching from pills to heroin so it might take awhile for it to go up.

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**Dr. Finegan:** In terms of collaboration, what have you been doing to gather recommendations for the task force from the public and private sector?

**Pamela Creekmur:** We haven't thought about it yet. This is a new Task Force and our group meets quarterly. I will take it back to them and come up with solutions next meeting.

**Lt. Governor:** There are challenges of getting new data because there are privacy problems. In overdose cases in every one death nine people survive. We have a problem of figuring out ways to reach those people.

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**Uma Ahluwalia Montgomery County Health Officer-** When I started my career in the 1980s it was at the end of the crack epidemic. People think it affects only a small number in the community but in reality it crosses all socioeconomic backgrounds. The wealthier communities represent a strong voice to speak out against the issue.

- 2015 youth risk behavioral survey
  - 5% of middle school students and 14% of high school students use opioids
  - 3% of middle school students and 4% of high school students use heroin
  - 129 children in Montgomery County are in foster care for substance abuse
- Partnerships
  - Halfway houses
  - Substance abuse centers
  - Health and human services department
  - Schools at back to school nights
  - Corrections to expand the use of Vivitrol to a pilot group of detainees
- Collaborative data sharing program
- Naloxone
  - 2014: 100 people were trained to administer naloxone
  - Three stories of people who saved lives

#### **Suggestions**

1. 2015: we are implementing a committee of community members, law enforcement, health professionals to come up with ways to combat the drug problem
2. Opioid Addiction Prevention Program
  - a. Educate people on the dangers of drugs
3. Drug drop off Program
  - b. People can drop off their drugs 2 to 3 times a year
4. Announcements on the TV and radio
5. Public opinion survey on opioids

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**Dr. Finegan:** How much does it cost for your departments to gain accreditation for behavioral health and addictions?

**Pamala Creekmur:** Around \$4,000 to \$5,000

**Dr. Finegan:** The Task Force would be interested in improving care while also looking at the costs.

**Pamala Creekmur:** I believe it improves care so I'm an advocate of getting accreditation.

**Uma Ahluwalia:** It adds to the quality of care and value but the issue is manpower

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**Nancy Dudley:** How do you measure outcomes of care?

**Pamala Creekmur:** We have no residential treatment programs in PG County. There are gaps in treatment so we send them to Anne Arundel and Baltimore Counties. There are two facilities that are planning to come in the county and we will assist them.

**Uma Ahluwalia:** There is a huge waitlist in Montgomery County and only one facility to go to. We need to increase the capacity of youth treatment for moms with children. We need to treat the family together. There has been a center in the county for decades but we are looking to improve it. There needs to be a shift to recovery systems with care versus pure treatment. Many addicts are criminals who need to find meaningful employment when they come out of jail. There are not enough step down beds for addicts who are recovering. We would like to see more capacity built to house them. Lastly inpatient and out patient treatment compromise the ability to measure overtime. The data from the state is robust and generally contracts are performance based with incentives

**Nancy Dudley:** Has there been follow up measuring status of users?

**Uma Ahluwalia:** If the user moves from provider to provider it complicates the process.

**Dr. Finegan:** As we have gone across the state looking at all the counties we are looking for the nuances. You are from the second wealthiest county. What are the special challenges you face with the special aspects of the county?

**Uma Ahluwalia:** Our poverty in Montgomery County is growing. Over 30% of public school students around 48,000 residents are free meal eligible. There is a duality when you Google Montgomery County providers of treatment. There are 60 providers but not many take Medicaid. We have found heroin is cutting across all socioeconomic groups. There have been an increasing number of wealthy young residents who have overdosed. The issue is getting visibility but there are only a few public resources for treatment. There is as much county money invested in treatment as state money. The capacity is limited. No one talks about the parity between private health insurance and Medicaid. Parents struggle to put their kids in foster care so they are eligible to get Medicaid for treatment. The wealthy will exhaust their resources in private insurance and will eventually need to get Medicaid.

**Pamala Creekmur:** We receive state funds to send people out for treatment. Not many providers accept Medicaid. Even if you have good insurance they won't take 3<sup>rd</sup> party money. Access to healthcare is the #1 concern.

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## **Law Enforcement**

### **Judge Nelson Rupp (Montgomery County Drug Court)**

- Judge for 22 years
- Started drug court in Montgomery County in 2004
  - Works with the non-violent addicted offender
  - Requirements
    - Go to night court weekly basis
    - Counseling two to three times a week
    - Spend two years in the program
    - Spend a minimum 30 days in a pre-release center
    - Have a case counselor
    - Acquire a job before moving into a sober house
    - Live in a sober house
    - Get AA slips signed by a sponsor and human services partner
  - We focus primarily on the addicts who have offended the most and need the most help
  - Fear is the motivation for the addicts to get clean

- Addicts know if they violate the requirements they will go to the department of corrections for a long time
- To be successful in the program the people, places, and things in an addicts life have to be changed
- Oxford house agreement (sober housing) partnership
- There are periodical home checks where a probation agent goes and visits the addict
- The program used to be 10 months now its 2 years. If you do everything perfect you graduate in 20 months
- Some participants have resisted Vivitrol because they still want to get high
- Drug treatment 28-day programs don't work. There needs to be monitoring and long-term treatment
- Addicts will get better physically and mentally in treatment programs but they need to be motivated to stop using
- Since its inception there have been 163 graduates from the Drug Court Program

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**Judge Rupp:** Out of the 163 graduates of the program less than 20% has not been successful. This is due in large part to the required 2 years of treatment

**Judge Rupp:** Our program has a reputation of being tough. Addicts are identified but not all are willing to join the program. Addicts think they will get a better result by going to jail doing the time and getting out. We have worked with some for addicts for six years.

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#### **John McCarthy State's Attorney, Montgomery County**

- I want to thank Governor Hogan for adding addiction to his inaugural address.
- In 2014 McCarthy projected the death toll from opioids in Maryland would be about 700. In reality the death toll in Maryland from opioids reached almost 900.
- The overdose death toll in Montgomery County the past two years was 61 people.
- 5 years ago the issue was isolated in Montgomery County
- Bell Creek in Montgomery County is a hub for drug dealing.
  - The drugs are coming from New York to Maryland
- Asked the police in Montgomery County to investigate heroin opioid deaths as homicides.
  - There has been a better than 50% success rate of finding the source of where they got it from.
  - The distributors should be held responsible and we need to prosecute them.
  - Talks have taken place about heading up a task force in Montgomery County
- 28 day programs
  - 6% of participants come out no long addicted while 94% still have an addiction
  - We need to treat heroin addiction like those who are treated from cancer.
    - A 28-day program for a drug addict is the equivalent of giving a cancer patient only 2 chemotherapy treatments when 10 treatments are needed to beat cancer.

- We know what the gateway is and can only control it if the medical community gets on the same page.

### **Suggestions**

1. Need for computer prescriptions where you cannot overfill
2. Expand immunity to person in situation where they save someone who overdosed. The solution is not about locking people up but saving lives.
3. Make sure not to solely target drug users. It begins with treatment but there is a law enforcement aspect for people who are distributing heroin and know that they are harming the community.
4. Every jurisdiction should have a task force.
5. There should be requirements for health care professionals
6. Other drugs gateway drugs need to get ratcheted down.

### **Captain Dinesh Patil, Montgomery County Police Department**

- I want to start off by saying I believe the state is headed in the right direction with combating the heroin and opioid epidemic
- Age issue
  - Heroin and opioid use is starting to affect younger people.
  - By the time high school comes around it is too late and it is hard to change a persons habits if they are already addicted.
- Partnering with State's Attorney Office to monitor repeat offenders
- Changes that have been made
  - In the past the law enforcement officers only documented basic facts on the scene of an overdose. There is no proactive attempt to find the source.
  - Now homicide detectives and the narcotics director go out in the field to piece together where the supply is coming from
  - They have found that most often people are going to Baltimore to re-supply and come back.
  - We are working with the Baltimore to monitor drug trafficking in the area to get more data to fill in the gaps
  - The DEA is also working with Baltimore
- Pharmaceutical Investigation Unit
  - Only has a two person team; the resources are light
- Narcan program
  - Police and the fire department are trained to use Narcan
    - It is saving lives but it creates a safety net.
    - Some addicts have been saved multiple times on Narcan
    - It allows addicts to believe they can continue to test the limits
- People still think drug use is a Baltimore problem but we have to remove the labels.

### **Suggestions**

1. The State needs to support the unit with funding to add more bodies to have a regional unit to investigate drug trafficking
2. There is a need to educate kids at middle school

3. Study and learn from families in middle class and wealthy backgrounds to understand the path that got them addicted

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**Lt Governor Rutherford:** Part of the reason we are having the regional summits was to generate an awareness aspect. I was interviewed on the radio and was asked what the Task Force will be working on. The interviewer was shocked to know more people died from drug overdoses than from car accidents and homicides. You hear about a shooting on the news but you never hear about a person who overdosed. Still today people think drug use is a Baltimore issue and deny it's going on in their community.

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**Senator Klausmeier:** What do you think needs to be added to the current laws?

**Captain Patil:** Right now there is only immunity for simple possession. It needs to be expanded to distribution.

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**Catherine Woolley, Office of the Public Defender**

- Addicted participate in criminal activities. For example, breaking into homes.
  - They sell to support a habit.
- Represent addicts charged with distribution
  - Can only represent people who fit federal guidelines
  - Average person had an addicted parent or was in jail.
  - Many of the same people dropped out in 12<sup>th</sup> grade
  - Federal investigation when distribution of drugs crosses state lines
- We shouldn't make a distinction between a criminal and an addict
- Doesn't believe marijuana contributes to the increased heroin addicts the rise of opioids has

**Suggestions**

1. Everyone who exits the corrections facilities should exit with an insurance card.
  - a. We need to equip people with tools to reenter society.
  - b. Incarceration is the time where changes can be made.
2. There needs to be stricter monitoring of corrections facilities
  - a. It is easier to get drugs in corrections facilities than on the street
  - b. Montgomery County correction facility is the only place where there are no drugs.
3. We used to have ability to send people out of state from 2 years to North Carolina's TROSA program  
Canceled because the division of probation decided they didn't want to monitor them
4. Gaps in treatment
  - a. There is a lack of treatment and a re-entry problem in division of corrections
5. There needs to be a more efficient system in monitoring case files
  - a. A man pleaded guilty to burglary and will enter drug court
  - b. His case number was associated with the wrong case file

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**Lt. Governor Rutherford:** The comments you made about correcting efficiencies have been a key in our new administration especially in public safety. The place was an absolute disaster. The system fails when you have prison guards bringing in drugs who didn't go through background checks when hired. Secretary Moyer is making major changes. Some of the programs in the state such as Vivitrol will allow individuals to sign up with health care before they leave jail.

**Catherine Woolley:** Vivitrol is great. Methadone came in as a replacement for heroin. It was the drug for the underinsured. I don't know if we need to use it as the first line of defense though. I think the science has caught up. Methadone should be used as the last resort if nothing else works.

**Lt. Governor Rutherford:** You mentioned a distinction between the dealer and user?

**Catherine Woolley:** There is a Venn diagram. The first group are just addicts who shouldn't be in corrections for simple possession. The second group represents people who are selling to support the addiction. The third group is the suppliers who make the heroin. Heroin is milled in North New Jersey. The heroin comes through Salisbury and Baltimore. Maryland needs to work with federal partners to stop the drugs from entering the state.

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#### **Jason Burg, Prince George's Police Department**

- Prince George's County is 534 square miles and has over 1 million people
- The most popular drugs are marijuana and cocaine
- A quarter of the drug related deaths in PG County come from people who are D.C. residents
- Most of the heroin comes from Baltimore, D.C. and Philadelphia
- The majority of our efforts are targeting opioids
- There are 13 investigations ongoing by the DEA in New York, Maryland and Virginia
- Cultural shift in how law enforcement deals with addicts
  - 1990s all we did was arrest people
  - Today now we are partnering with health departments and making fewer arrests
- 9 out of 10 people don't suffer from a fatal overdose, i.e. death

#### **Addiction Treatment Professionals**

##### **Carmine D'Alessandro (Chesapeake Employers Insurance Co)**

- Vice President of the legal department for the largest workers compensation firm in State of Maryland.
  - We insure 20,000 Maryland businesses, 100 municipalities and 5 counties.
  - Many of the benefits provided are to workers injured on job who are eligible to receive monetary compensation or medication for their injury
  - Over the last 10 years 10% of clients are on prescription meds with over \$400,000,000 paid.
  - We have seen how opioid addiction crosses all socio economic lines in our workforce
- Physician vs. Pharmacy



- There is a significant difference in price when comparing a physician dispensing medication versus a pharmacy
  - It is a lot cheaper to go to the pharmacy as the physician mark up is nearly 500% to 600% more
  - Many states restrict practice because of conflict of interest with doctors prescribing to make money
  - There has been an increase in prescriptions going to workers.
  - A moratorium has been placed on legislation that failed in the General Assembly and will not come back until 2017.
    - Basis is that a person would not pay the doctor more than they would pay the pharmacy. It would help contain the cost increases
  - Prescription drug monitoring program
    - HB3 would require doctors to complete a mandatory query before they prescribe drugs to a patient
    - Doctors would put their own information in the system but wouldn't have to check what other doctors have inputted.
    - The bill failed but it will be reintroduced
  - Detoxification
    - We have to request a commission to detox a person. We do not have the authority to stop a client's treatment. We have nurses and staffs that review a client's personal information and then ask the commission to have them go through testing. They will be sent to a facility out of state.
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**Lisa Lowe (Heroin Addiction Coalition)**

- I believe that people will look back and be ashamed at the funding being cut for the treatment budget under the O'Malley administration.
- In 2002 panel of the most experienced experts from each county came together to find solution.
  - A shift that rewards providers that deliver better treatment
- Poor treatment quality regarding patient needs.
  - Patients have been discharged into poor conditions from a Rockville treatment center when the employees should have had them stay.
  - Male workers who flirt with and harass the female patients
  - Two patients in a long term program were told that if they left to go see a parent in the hospital they would not be allowed to continue treatment
- Treatment providers should be required to keep data
  - Without data we don't know which programs fail or succeed
- 35 methadone studies shows that the drug has negative effects
- Recovery Center in Baltimore
  - Owned by a real estate developer in east Baltimore
  - Poorly run and kept
  - Son kicked out for a disagreement
  - The program misinforms people

**Regina Sharber, President (TATEIOMS)**

- Licensed human service agency located in Laurel Maryland

- Serves adults children and teens
- Experience
  - Has been in the field for over 20 years
  - Couldn't bare some of the treatment methods she witnessed
- We have had positive recourse from DHMH
  - Survey for consumers who can write about quality of care
- We want to treat the whole person not just through medication
- Requirements
  - A patient will not get medication unless you get therapy
  - A patient needs a one day certification to provide Suboxone
  - We turn down  $\frac{3}{4}$  patients a day
- Trends
  - We are seeing much younger children use drugs
  - Addicts who can't get help or are denied help will go back to drugs

### **Suggestions**

1. There needs to be closer monitoring of the programs
2. Standards need to change
  - a. People need to be treated like they are human beings
3. We need to operate more as a team
  - a. Providers need to get together to treat the whole person.
4. Suboxone is the most effective medication to get people off opioids
5. We need more funding and programs
6. We need to get together with the schools to be more involved
7. Need to work on not placing recovery centers next to liquor store

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**Lt. Governor Rutherford:** How do you go through the process of getting people off Suboxone?

**Regina Sharper:** We would lower the dosage and keep them in therapy. We would teach them strategies on what to do if a person feels like they want to use again by following the Wellness Action Recovery Plan. There are self-esteem building exercises for young people but we need to get authorization by the board of education.

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### **Donna Evens**

- Parent of 5 children
- Daughter knew 14 friends who used drugs
- Parents lack of awareness
  - Teens offered painkillers as party favors and have overdosed
- Looked into implementing an Opioid Prevention Plan
- There has been a 53% increase in heroin use among 15-24 year olds
  - Daughter's friend moved from opioids to heroin then died of an overdose.  
Later the girl's boyfriend Chris shot himself to end an opioid addiction
- Board of education said a public awareness campaign is up to the schools individual principals
- Created a flyer that was ignored at several schools

- Yet danger of head lice wants a flyer
- Told that back to school night is too busy for a 5 minute educational video on heroin and opioid

### **Suggestions**

1. Parent awareness campaign
2. What needs to be accomplished can't be done through the county. There needs to be legislation at the state level
3. Educate parents so they can educate their children
4. Produce a 5 minute video and require it be played at all back to school nights
  - a. An example title would be "life threatening treads on substance abuse for parents today"
5. Teach k-12 based on respect for their bodies not fear
6. Develop a protocol for nurses in schools for treatment
7. Prevention education and early intervention must have same attention as treatment
8. Create a state wide sustainable initiative
9. Have pharmaceutical companies who prescribe opioids provide funding instead of the state

### **Brennan Prodey (Loyola Blakefield High School)**

- Started a peer education program at the school in 1993 following the death of a student who had been drinking and driving.
  - Funded by parents of the student who died
  - Based on research conducted by Charles Deutsch a faculty member at Harvard University of Public Health
  - The program has expanded to 10-11 other private schools
  - The program selects a group of high school students to teach lessons to younger students in grades 6th, 7th, 8th, and 9th.
    - Having other slightly older peers voice their thoughts is a powerful tool
  - The program doesn't use scare tactics but instead encourages critical discussion
  - The goal is to become part of the ongoing conversation for students
  - The most important factor that determines the program's success is picking the right peer educators to talk to the younger students
    - The program selects sophomores, juniors, and seniors who are honest.
    - They are a mix of straight A students, athletes, non-athletes
      - The intention is to get a diverse group of students who anyone can relate to
  - Training for the program can take about 40 hours which can be a challenge but it has the administration's support
  - There is an overnight retreat for the peer educators to allow time for group bonding
  - The program wants the kids to remember the feel after they forget most of the lesson. For example, remembering helpful catch phrases.

- The program can develop curriculum unique to each school and the peer educators who run the program.
  - Peer educators can come up with catch phrases on how students can remember the lesson beyond classroom

### **Suggestions**

1. Program funding from the state will help but if the school administration buys in, it will be even easier
2. The faculty involved in the program should be picked by personality not position
  - a. Faculty training is important
3. The peer educators should be a diverse group that represents all areas of interest

### **Robin Gilliam (UNITE to Face Addiction)**

- Recovering from addiction since February 6, 1991
- Author of the novel *A Gift from Desperation*
  - *A Gift from Desperation* is about an addict that had enough and was sick and tired of being sick and tired. She will do anything to recover
  - The novel's main character Claire Sebastian represents a role model for recovery
  - Trauma is at the root of a lot of addictions
    - People don't know how to express themselves so they use substances to cope
- CPA and project manager professional
- 12 step program saved her life
- Used art to process trauma from rape by ex-husband
- It is painful to hear what people go through
- Personal story
  - Opioids were prescribed to her current husband for accident
    - He had withdraw symptoms after he stopped taking them
- The disease still exists while recovering and it is a daily challenge to manage thoughts of not returning to drugs
  - 9 months ago she was walking dogs and saw a bag of pot on the ground. Her brain reacted and the thoughts of picking it up were there. A lot of addicts don't realize thoughts of returning to drugs will come
- Recovery is the first priority in her life
  - It is important to develop spiritually to promote recovery
- Signed up to be ambassador of Unite to Face Addiction
  - The conference is Sunday October 4<sup>th</sup> in D.C to let people know addiction is treatable, too many drug users people are incarcerated, and drug users can get better.
  - Looking forward to providing support to the Task Force in their efforts

### **Suggestions**

1. The state should look into starting creative programs in high schools that cultivate art, dance, and music.
  - a. They are a positive outlet for emotions
2. Doctors should be educated with prescribing opioids and how to wean users off safely.

### **Moe Briggs (Kolmac Clinic)**

- Chief Clinical Officer of the Kolmac Clinic
  - There are five locations in Maryland and one location in D.C.
  - Worked in addiction field for 3 decades
  - Served as clinical director for D.C.
- Urgency
  - Heroin addicts need to be helped right away. They will not come back later.
  - We need to increase the number of outpatient beds to help addicts recover
  - Heroin users and non-users don't speak the same language

### **Suggestions**

1. Use more evidence based practices
2. Reeducate people that addiction cannot be solved by a one size fits all solution
3. People who use heroin have other problems that need help.
  - a. Short treatment will not work
  - b. New concept of recovery capital facilities that are only interested in taking people's money will not help
4. After 5 years of treatment addicts were considered to be in stable recovery.
  - a. Would like to see longer treatment that is more evidence based
  - b. The longer a person stays connected to care the better the outcome
5. Increase trauma informed treatment
6. Rethink when we say recovery support services. I don't think everyone has the same definition.
7. Provide job training for recovered addicts

### **Melvin Johnson (Renaissance Treatment Center)**

- Treatment Center located in Prince George's County
- Without quality service treatment centers will fail to help addicts

### **Suggestions**

1. A person who became addicted to pain medication from an injury should be treated differently from person who became addicted recreationally
2. Suboxone should be used as a stabilizing factor but not for treatment

### **Public Comment**

#### **Renee Benzel**

- Thanks the Task Force for making the heroin crisis a primary goal
- Has been working in pain management for 30 years

- Lost her son Alex to an overdose
  - He used pain killers for injury then he switched to using heroin
  - After being 7 months clean a friend came over and injected him with heroin
- She never shared Alex's addiction with her family but she tried to get him help
  - We need to eliminate the stigma so people in need will get help
- Oxycodone is the only drug known that will kill someone with a single pill
- We still ask patients for their pain rating when doctors prescribe pain killers
- In the U.S Vicodin is the most prescribed drug
  - There were 26 million refills last year
  - We see more opioids are being used
- Son given opioids four times from four different hospitals

### **Suggestions**

1. Reform begins with the health care system
  - a. There are lots of tools at their disposal just not enough training or time
  - b. Health care providers need more education on personal therapy per patient acknowledging there's not a one size fits all model
2. Maryland needs a prescription-monitoring program across state lines.
3. Opioid addicts need two years before the brain can change back to normal
4. In favor of Vivitrol

### **Eric Sterling**

- President of The Criminal Justice Policy Foundation, a private non-profit educational organization that helps educate the nation about criminal justice issues
- Counsel to the U.S. House of Representatives Committee on the Judiciary from 1979 until 1989
- 12 step program
  - Shame and stigma is beginning to disappear
- Treatment providers looking down on users has got to end
- Drug users lives matter

### **Suggestions**

1. When opioids are dispensed a conversation needs to occur between the prescriber and patient
2. A prescriber needs to follow up with patient after prescribing medication
3. Take back programs will help people get rid of extra pills
4. Make changes in 911 reporting. The immunities are not broad enough
5. Naloxone should be given to parents
6. Have safe injection facilities for continuation of care.
7. Look into Hawaii hope probation program
8. You don't have to demonize drug users to discourage use
9. Drug laws need to be enforced to protect users lives

## **Charles Hotzel**

- Law enforcement officer in Takoma Park
- Sister is a heroin addict
- Attended an Anne Arundel County meeting where addicts talked
- Two years ago took over drug unit in Montgomery County
  - Had the officers give out cell phone numbers to addicts
- Heroin addict from Takoma Park
  - Female
  - No one had a bed for her, not even a hospital
  - The only way for a person to get treatment is to say you are suicidal

### **Suggestions**

1. There needs to be high consequences for people who sell drugs in school zones
  - a. It is important for jury to know a person was selling at school or recovery house
2. Mandatory reports need to be required by the state of overdoses to help law enforcement
3. More resources need to be set up to house addicts

## **Martha Clark**

- Clinical social worker
  - Spent 27 years working with young families with substance abuse problems at Hopkins
- Substance abuse among new born babies is on the rise
  - 1998 Maryland substance abuse new born law
    - Moved to the Department of Human Resources to track the numbers in the substance abuse new born program
    - Pregnancy is a window of opportunity
    - Women who go in for prenatal care aren't being consistently asked if they use substances
      - Two counties Howard and Calvert have a program for asking women if they have used drugs
  - Salisbury has a wonderful program with parenting classes at a halfway house
  - Maryland 2014: there have been 2911 reports of babies who have gone through withdrawal
  - Ordinary baby costs \$9,000 to deliver and spends two days in the hospital
  - A baby going through withdrawal costs \$53,000 to deliver and spends sixteen days in the hospital

### **Suggestions**

1. It is so much more cost effective if we identify moms who are abusers
  - a. Recommend providers are educated to analyze signs of drug use
2. Women need gender specific programs
3. Identify the inconsistencies in how hospitals identify substance abuse.

- a. Some babies are misidentified and are discharged after 2 days
- b. They go home and go through withdraw

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**Dr. Finegan:** I think the problem is motivating the mothers. How do we increase motivation? What are you recommending?

**Martha Clark:** Do you know the feeling moms get when they go into a doctors office. They feel shame and guilt. Many women have been sexually abused as a child. One in 8 children lives with a parent who is alcohol or chemical dependent. I am recommending drug treatment courts.

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**Bob Kuzloski**

- Son overdosed on oxycodone 3 years ago

**Suggestions**

1. Reduce opioid drug overdoses by focusing on the supply.
  - a. Electronic prescription program i.e. New York
2. The State needs to hold the Maryland Board of Physicians accountable for doctors they allow to negligently provide opioids to patients
3. PDMP program strengthened so doctors are required to put prescriptions online.
  - a. i.e. Delaware and Virginia
4. Recovery programs and facilities need to be more effective
5. Increase penalties of drug dealers and negligent doctors.
  - a. See bill to address New York state
6. Get up to speed with other states and become more proactive.
  - a. Maryland one of the least active states

**Christie Long**

- Member of the Oakdale church who gathers information about what's going on in the community
  - Liaison at church for the people who have bad habits.
- Recovering addict who's family has suffered through her addiction for many years.
- We are praying that you come up with solutions.
- Believes in the 12 step program
- Sister in law Lynn spearheading the effort to get the word out to families

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**Lt. Governor Rutherford:** Acknowledges that the faith based community is part of the solution

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**Amy Swartz**

- Member of the Medistar medical staff
- Violence is committed against hospital workers when addicts are denied medicine
  - Sometimes addicts come in and get extremely upset when there is no program offered for them.



- When a family member dies from an overdose the hospital staff are the first people addicts take their anger out on.

### **John Alvarez**

- Recovering addict who participated in a 12 step program
- Grandfather was a surgeon for 68 years
  - Told him that no matter what age you are you can never stop learning
- Second grandfather was a general in the military
  - Taught him leadership taking care of others
- It is illegal to study to science of cannabis

### **Closing Remarks**

**Lt. Governor Rutherford:** Thank you for all today for being here. Mostly we are collecting information at this stage. The next step for the Task Force will be to submit an interim report due in August. It will be a summation of what the Task Force has heard from all the jurisdictions it visited along with some recommendations. In December we will have the final recommendations and possible legislation for the governor. We will not be able to solve this problem overnight. The state government, local governments, and individuals will continue to work at eliminating the pipeline of new users. A large amount of new users about 70% to 80% are coming from opioids. We appreciate the patience and comments that everyone has had.